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U.S. PTO

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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, DC 20231

PATENT

File No.: 2500.65080

Date: December 29, 2000

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Yokoyama et al.

For: METHOD OF DETERMINING MAGNITUDE OF SENSING...

Enclosed are:

- (X) 25 pages of specification, including 17 claims and an abstract.  
(X) an executed oath or declaration, with power of attorney.  
( ) an unexecuted oath or declaration, with power of attorney.  
( ) \_\_\_\_ sheet(s) of informal drawing(s).  
(X) \_\_\_\_ sheet(s) of formal drawings(s).  
(X) Assignment(s) of the invention to FUJITSU LIMITED  
(X) Assignment Form Cover Sheet.  
(X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.  
(X) Information Disclosure Statement.  
(X) Form PTO-1449 and cited references.  
( ) Associate power of attorney.  
(X) Priority Document

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on December 29, 2000.

Express Label No.: EL745265143US

Signature: J.B.

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Fee Calculation For Claims As Filed

a) Basic Fee	\$ 710.00
b) Independent Claims	<u>3</u> - 3 = <u>0</u> x \$ 80.00 = \$ _____
c) Total Claims	<u>17</u> - 20 = <u>0</u> x \$ 18.00 = \$ _____
d) Fee for Multiple Claims	\$270.00 = \$ _____
	Total Filing Fee \$ <u>710.00</u>

( ) Applicant qualifies for Status as Small Entity, reducing Filing Fee by half to \$ \_\_\_\_\_

(X) A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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